



GOVERNMENT OF KERALA

Abstract

**HEALTH AND FAMILY WELFARE DEPARTMENT—ESTABLISHMENT—
HEALTH SERVICES—PRELIMINARY GRADATION LIST OF
GOVERNMENT ANALYSTS—PUBLISHING—ORDERS ISSUED**

HEALTH AND FAMILY WELFARE (E) DÉPARTMENT

G. O. (Rt.) No 251/2008/H&FWD.

Dated Thiruvananthapuram, 22nd January 2008.

Read:— Letter No. ESI—116013/07/DHS dated 19-12-2007 from the
Director of Health Services, Thiruvananthapuram.

ORDER

The preliminary gradation list of Government Analysts under the Health Services Department for the period from 1-4-2005 to 31-1-2007 is appended herewith. Objections if any in the matter shall be filed in the appended pro forma within 30 days from the date of publication of the same in the Gazette.

By order of the Governor,

J. S. VALSALA,

Deputy Secretary to Government.

To

The Director of Health Services, Thiruvananthapuram.

The Chief Government Analyst, Government Analyst's
Laboratory, Thiruvananthapuram.

The Government Analyst, Regional Analytical Lab,
Ernakulam/Kozhikode.

The Stock File/OC.

G. 119/2008.

PRELIMINARY GRADATION LIST OF GOVERNMENT ANALYST FROM

1-4-2005 TO 31-1-2007

Sl. No.	Name	Date of Birth	Qualification	Date of entry in service	Date of appointment in the present post	Order No. and Date of appointment in the present post
1	Smt. B. Sudharma	17-5-1961	M.Sc.	1-6-1988	28-12-2006	G.O. (Rt.) 3746/2006/H& FWD Dated TVM 27-12-2006
2	Smt. A. Muthu Beevi	30-3-1953	B.Sc.A/C	27-1-1977	27-12-2006	Do.
3	Sri S.T. Thankachan	28-4-1965	M.Sc.	7-8-1992	6-1-2007	Do.
4	Sri M. Moni	27-4-1966	M.Sc.	12-3-1992	29-12-2006	Do.

PRO FORMA FOR APPEAL

- | | | |
|---|---|--|
| 1. Name and Designation | : | |
| 2. Present Office address with
Telephone Number | : | |
| 3. Date of Birth | : | |
| 4. Qualifications | : | |
| 5. Date of commencement of
Service in the entry cadre | : | |
| 6. Date of appointment to the
present post | : | |
| 7. No. & Date of promotion
Order/PSC advice | : | |
| 8. Whether granted extension
of joining time, if so detail | : | |
| 9. Grounds for appeal | : | |
| 10. Remarks if any | : | |

Signature :

Name :

Designation :

Place :

Date :

Office address :

Remarks of the Head of Institution

Signature :

Name and Designation :

Place :

Date :

Office address :

(Seal) :

N. B.—Attested copies of relevent documents in support of the claim should be enclosed.
